PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE
Commissioner for Patents
P.O. Box 1450 Alexandria, Virginia 22313-1450

or <u>Fax</u> (571)-273-2885

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where

indicated unless correcte maintenance fee notificate	ed below or directed oth	erwise in Block 1, by (a) specifying a new cor	respondence address	; and/or (t	o) indicating a separ	ate "FEE ADDRESS" for	
CURRENT CORRESPONDI	D	Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.						
000321	7590 07/20	/2006					dission - FES	
SENNIGER PO	I	Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.						
ONE METROPOLITAN SQUARE				addressed to the Mail Stop ISSUE FEE address above, or being facsimile				
16TH FLOOR ST LOUIS, MO	63102		tı	ansmitted to the USP	TO (571)	273-2885, on the dat	e indicated below.	
51 LOOIS, MO	03102		-	Gina G. Bar	, //		(Depositor's name)	
			-	Mna D		hhon	(Signature)	
				October //	, 20	06	(Date)	
APPLICATION NO.	FILING DATE		FIRST NAMED INVENT	OR	ATTORN	EY DOCKET NO.	CONFIRMATION NO.	
10/602,807 06/24/2003		Ajith Kuttannair Kumar 20-TR-2097 (GETS 532		97 (GETS 5320)	2158			
TITLE OF INVENTION	: MULTIPLE INVERTE	ERS FOR MOTORS						
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DU	E PREV. PAID ISSU	E FEE	TOTAL FEE(S) DUE	DATE DUE	
nonprovisional	NO	\$1400	\$300	\$0		\$1700	10/20/2006	
EXAMINER		ART UNIT	CLASS-SUBCLASS					
MASIH, KAREN		2837	318-138000					
1. Change of corresponde	ence address or indication	n of "Fee Address" (37	2. For printing on th	e patent front page, li	st		_	
CFR 1.363).			(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,					
☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.			(2) the name of a single firm (having as a member a 2 Carlos Hanze					
"Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.					
3. ASSIGNEE NAME A	ND RESIDENCE DATA	A TO BE PRINTED ON	THE PATENT (print or	type)				
PLEASE NOTE: Uni	ess an assignee is ident	ified below, no assignee	data will appear on the	patent. If an assign	nee is iden	tified below, the do	cument has been filed for	
(A) NAME OF ASSI	_	netion of any form is ivo	(B) RESIDENCE: (CI	=				
	ctric Company	Schenectady, New York						
Please check the appropri	ate assignee category or	categories (will not be p	rinted on the patent):	☐ Individual C	orporation	or other private grou	p entity Government	
4a. The following fee(s) a	b. Payment of Fee(s): (F	lease first reapply a	ny previo	usly paid issue fee s	hown above)			
Issue Fee			A check is enclosed.					
Publication Fee (No small entity discount permitted)			Payment by credit card. Form PTO-2038 is attached.					
☐ Advance Order - # of Copies			The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 07-0846 (enclose an extra copy of this form).					
5. Change in Entity Star	tus (from status indicate	d above)						
• •	s SMALL ENTITY state		b. Applicant is no					
NOTE: The Issue Fee and interest as shown by the i	d Publication Fee (if requeecords of the United Sta	uired) will not be accepte tes Patent and Trademark	ed from anyone other that k Office.	n the applicant; a reg	istered atte	orney or agent; or the	assignee or other party in	
Authorized Signature	Munch			Date	11/10	06		
	Palacet 0	Envard		Registration 1		57,780		
Typed or printed name				-			1 LANGES	
rnis collection of inform an application. Confiden	ation is required by 37 Citality is governed by 35	U.S.C. 122 and 37 CFR	on is required to obtain 1.14. This collection is	or retain a benefit by estimated to take 12	the public minutes to	which is to file (and complete, including	by the USPTO to process) gathering, preparing, and e you require to complete timent of Commerce, P.O.	
this form and/or suggesti	ons for reducing this but	rden, should be sent to th	y depending upon the in ne Chief Information Of	ficer, U.S. Patent and	Trademar	in the amount of time k Office, U.S. Depar	tment of Commerce, P.O.	

Box 1450, Alexandria, Virginia 22 Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450,

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.